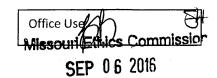


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization



1.	Statement Information		
	Date: Avg 31 Zorb		
	Type: New Amended (if amending, enter MEC ID CIGIS31 & section changed)		
2.	Committee Information		
	MISSOURIAN'S FOR FISCHL ACCOUNT ABILITY Name of Committee		
	28 N. 8th Sta 317 Columbia	,	(573) 256 7060
	Committee Mailing Address, City, State, & Zip	, as 0., ps	Telephone Number
		ROON & County Clerk or Board of Election Commission	
	Committee Type: Campaign Candidate Continuing (PA		
		AC) Debt Service DExpir	oratory Political Farty
3.	Treasurer/Deputy Treasurer Information		ner sjer om de en er en
	Heather Grote Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	NUSA
	28 N. 845 Street Ste 317 Treasurer's Mailing Address, City, State, & Zip	(573) 2567060 Treasurer's Home Telephone Number	(573) 424 BORES
		Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Colombia Mo 65201 Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
		()	()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addre	ess, City, Statė, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	ity, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on t	back) O No
5	Official Book Assount Information (required by all committees)		
		- · . ·	Account
6.	Candidate Supported or Opposed (candidate committees must in	nclude self, if candidate)	, and the second of the second
	N	() · · · · · · · · · · · · · · · · · ·	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees C	⊃niy)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees mu	st complete this section)	
•			
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all commi	ttees)	
J	affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I		
.	further acknowledge that I am aware that any false statement or de	eclaration made herein is puni	shable under Ch. 575 RSMo.
	de	Condidate (Condidate Committees Only)	